

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (a.k.a. Medco Health PAC)

**A.**Full Name (Last, First, Middle Initial)  
MATHESON FOR CONGRESS

Mailing Address PO BOX 521048, SUITE A

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement

Candidate Name  
JAMES MATHESONOffice Sought: ☒ House  
☐ Senate  
☐ President

State: UT District: 02

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: EXP.B.83648

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

**B.**Full Name (Last, First, Middle Initial)  
MIKE THOMPSON FOR CONGRESS COMMITTEE

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO State CA Zip Code 95841

Purpose of Disbursement

Candidate Name  
MIKE THOMPSONOffice Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 01

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: EXP.B.83649

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Amount of Each Disbursement this Period

5000.00

**C.**Full Name (Last, First, Middle Initial)  
RE-ELECT MCGOVERN COMMITTEE

Mailing Address P.O. BOX 60405

City WORCESTER State MA Zip Code 01606

Purpose of Disbursement

Candidate Name  
JIM P. MCGOVERNOffice Sought: ☒ House  
☐ Senate  
☐ President

State: MA District: 03

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼011  
Category/  
Type

Transaction ID: EXP.B.83650

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	4		2	0	1	0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional) .....

7000.00

TOTAL This Period (last page this line number only) .....